mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAdD. Every item of infor-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 13262
County Sources	Registration Dist. No. 268
Village or City WELLOW 91	St., Ward
	ds. How long in U.S. if of foreign birth?yrsds
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 24 (Page) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended dacaasad from
6. DATE OF BIRTH (month, day, end yeer) March 24 1917	I last saw h and alive on Jov J. 4 , 19 35 ; death is sai
7. AGE Yaars Months Days If LESS than 1 day,hrs	were se follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et	Julmonary 5 1935
10. Date deceased last worked et this occupation control of the last time (yeers) spent in this occupation. 12. BIRTHPLACE (city of town) (State or country)	Dther Contributory Causes of Importance:
13. NAME (les de les productions) 14. BIRTHPLACE (city or town) Dele productions	
(State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT	Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, DR REMOVAL Place Date Date	Menner of injury Natura of injury
19. UNDERTAKER ALLE LOS LA	24. Was disease or injury in any way related to occupation of dacaased? If so, specify (Signed) M. I
20. FILED Registrar.	(Address) Deal Sland My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 11 11 V 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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iter	sh	of	1
ECORD, Every	PHYSICIANS	xact statement	1
RMANENT	XACTLY.	classified. E	
SIS A PE	stated E	properly	certificate
LHIS	d be	y be	k of
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	very important. See instructions on bacl
-WRITE	mation sh	CAUSEO	TION is

offor-state PA-

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 2 6-1-County Village or City No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR-DIVORCED (write/the word) eirorce (Month) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated ebove, et 1 day....hrs. The PRINCIPAL CAUSE OF **DEATH and raisted causes of Importance** or min. 8. Trade, profession, or particular CLA OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10 Date dacaased lest worked at 11. Totel time (yaars) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What tast confirmed diagnosis? _____ Was there an eutopsy? MOTHER 15. MAIDEN NAME 23. If death wes due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury ____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of Injury T. 19.35 Natura of injury. 24. Was disaase or injury in any way related to occupation of daceasad? 19. UNDERTAKE (Addrass) If so, spacify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage DEC 5 1805	July 5, 1927	Peritonitis	3 days ago
L BUREAU V. S	[i		
Other contributory causes of importance	desage	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFIC	CATE	OF	DEATH
			- M		

13965

1. PLACE OF DEATH			93-2
county Somerset	THIN CO	EBOURS	Registration Dist. No. 26J
Village or City Crisfie		a (II	No. Che sa peake Ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where d	aath occurred	1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Andie			If U. S. Veteran, specify WAR
(a) Residence: No. Chesa:	peake de (Usual place of	Ve of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Widowe	(write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Thomas J	ames Co	nnor	22. I HEREBY CERTIFY, That I attended deceased from 1936 to 15 1936
6. DATE OF BIRTH (month, day, and year)	pt 15	1859	I last saw h LA alive on Nor 15 , 19 34; death is said
7. AGE Years Months 76 2	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 2:0 33c_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Crist (State or country)	field Md		Other Community Causes of Importance.
🖺 13. NAME Thomas Ha	andy		
(Stata or country)		d	Name of operation Data of Was there an autopsy? MN
15. MAIOEN NAME Ritts			23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Ritts 16. BIRTHPLACE (city or town)	Cris	field	Accident, suicide, or homicide?
17. INFORMANT 17S Olin F		_	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Cem.	Data_NOV	1.7. 19.38	Manner of injury
19. UNDERTAKER COM (Address)	grad	show	24. Was disaase or Injury in any way related to occupation of decaased?
20, FILED 10017, 193 5	66 0	elina Registrar	(Signad) (Address) Catalan (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEAU V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village or Ci		reld		Registration Dist. No. 2-63 No. St., Ideath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. il of foraign birth?
2. FULL NAM	ME John &	(Usual place	ynec	If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State
PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Born Drhl Mor 30 (Month) (Day) (Ye
5a. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced		0	22. I HEREBY CERTIFY, That i attended decease
6. DATE OF BIRTH (17. AGE Year		nov:	11 LESS than 1 day,hrs.	I last saw h alive on, 19; deati to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
SAWYER, 9. industry or the work was SAW MILL 10: Data dacease	ation (month and	sper	me (years) nt in this pation	7 was factor 33 ml dean
12. BIRTHPLACE (cit (Stata or coun) 13. NAME 14. BIRTHPLACE (Stata or	(city or town)	infelle Cu	ngnech	Name of operation What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAI	(city or town) O	magistica	mil	23. Il death was due to external causes (VIDLENCE) fill in also tha following: Accident, suiclda, or homicide?, 1 Whare dld injury occur?, 1
17. INFORMANT (Address) 18. BURIAL, CREMAT	ION, OR REMOVAL	Hen	ru	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
Piace	amsonie	Data Dic	-L, 19.34	Nature of injury
19. UNDERTAKER (Addrass)	John	E. Con	men	24. Was diseese or injury in any way related to occupetion of daceased?
20. FILED DE	1,161	let le	ellus Registrar.	(Signed) & Eleveling of free

V. S. No. 1

RGIN RESERVED FOR BINDING

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Other contributory causes of importance:	MILLES S	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s		1	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A	OR FURTHER STATEMENTS BY PE	
0		

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 13268
1. PLACE OF DEATH	(34)
County Donesset	Registration Dist. No. 264
Village or City Ormsees and	No. St., Ward
Length of residence in city or town where death occurred All forms	b death curred in a hospital or institution, give its NAME instead of street and number) 13. How long in U.S. if of foreign birth?
(a) Residence: No. Omered am	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH 90, 193 5 (Dey) (Year)
. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of	nev 16 1935 to New 20 19 31
DATE OF BIRTH (month, day, and year) Sept. 28-35-	liest saw h. K. M. alive on Star 20 19.35; death is sa
AGE Years Months Days if LESS than	to heve occurred on the data stated above, atm.
7 Proces 1 day, hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Melan tretain Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and years) spent in this occupation occupation	
	Other Contributory Causes of importance:
R. BIRTHPLACE (city or town) (Stete or country)	market yeller eng
13. NAME LAS - WIELLS TO	as a second
	more
14. BIRTHPLACE (city or town) (Stets or country)	06
15. MAIDEN NAME Morgand Leunis	Whet test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external causes (VIQL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19
(Address) A Thermo Decums	Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, EREMATION, OR REMOVAL Place Trumpa Clame Date Hor 21 1, 19 31	Mannar of injury
O UNDERTAKER Thomas Dennis (Addrass) Dennis Dennis	24. Was disease or injury in any way related to occupation of deceased?

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		of importance were as follows:		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HI PERT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	DE MARTLAND		
County Domers	et	Registration Dist. No. 46	0
Village or City		NoSt.,St.,St.,St.,	
Length of residence in city or town where		.0	mosds.
2. FULL NAME	III am dem	es lishat oom	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 50. If merild wildward as discount	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Yaar)
5a. If married, widowed, or divorced HUSBAND of Con WIFE of	homas	1 HEREBY CERTIFY, That I attende	d daceased from
6. DATE OF BIRTH (month, day, and year)	les 27 1881	last sawh alive on NDO 8 ,193	5; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 5.3 / O	Days If LESS than	to have occurred on the date stated above, at 1:30 Am.	
23 10	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Rabor		
O SAN MILL, DAIN, BILL.	co plant	Irans verses Tyelities	1934.
10. Date daceasad last worked at this occupation (month had year)	11. Total time (years) spent in this occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	mores Amme	Other Courses of Importance:	
(State or country)	ryland	Gartro Euteritis	9/20/3
II 13. NAME & Querce 17	Pikhat Dom		1//
13. NAME & Querce 14. BIRTHPLACE (city or town) (State or country)	mages Amma	Neme of operation Date of What tast confirmed diagnosis? (2) See make Was there are	
15. MAIDEN NAME Rear	e); 150 m	23. If death was due to axternal causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Rear C	nees Anne	Accidant, suicida, or homicide? Date of injury	, 19
E (State or country)	rylord	Whare did injury occur?	
WINFORMANT Sidmay	Smith	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC F	LACE.
(Address)	eres Anna		
18 BURAL CLEMATION, OR REMOVAL TO SE	me You 12 19 31	Mannar of Injury	
O Place	Date 21 C O	Nature of injury	
19. UNDERTAKER TO M. IL	noushou	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Cristic	app d	If so, specify Company Control	
20. FILED 11/9 , 1930 C	Musel	(Signat)	M. D.
	Registrar.	(Address) Thurses Amone	JF 0

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

12000

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Xomersel	MI BLANDERON NI Registration Dist. No. 265
Village or City Cresfield	No. St., Ward
Length of residence in city or town where death occurred all finds.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Arthur A, Dige	
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 1. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV 25 , 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Riggin Day	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 26th 1893	i last saw h galiva on fig. 19 fig.; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date-stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER. Laborer in SAWYER, BODKKEEPER, atc.	Date of onset
kind of work done, as SPINNER. Jaboner in SAWYER, BODKKEEPER, atc. Industry or business in which work was done, as SILK MILL, Ousler Establishment SAW MILL, BANK, etc. 10. Date dacased last worked at this occupation (month and spent in this	Heart Failure
this occupation (month and spent In this occupation	Other Contributory Causes of importance;
(State or country)	
13. NAME George J. Dly 2 14. BIRTHPLACE (city grown) (Slate or country)	
4 14. BIRTHPLACE (city of lown) (Slata or country)	Name of operation Date of
I 15. MAIDEN NAME Mary A, Powell	What tast confirmed diagnosis? Was there an autopsy? 23. if dasth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Mary N, Towell 16. BIRTHPLACE (cily or town) (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Calofton Duge Cresteld And	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OFENATION, OF REMOVAL	Manner of injury
Place Ush Using Connected Date Star 26, 1934.	Nature of Injury
19. UNDERTAKER TALAUSOLO Med. (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED hry 6, 1935 - log Repelier	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Q. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	(131)
O DI DI	Registration Dist. No.
Village or City Confidence of Tity	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred from J	How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME John Traves Je	re de la companya de
(a) Residence: No. / Jacksonile	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Make Of O OR DIVORCED (write the word)	21. DATE OF DEATH Nov. 17 th
5a. If married, widowed, or divorced	(Month) (Pay) (Year)
5a. If married, widowed, or divorced Many Duze!	22. HEREBY CERTIFY, That I attended deceased fro
f m - 21 1812	- 120 may, 1935, to JY OU 17, 1931
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at the principal causes of importance
ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Oysler Workse SAWYER, BOOKKEPER, etc.	Note that the second second
9. Industry or business In which	My Charles Chronic Direction : lowknown 6
SAW MILL, BANK, etc.	Me Chome Duration : un-
	known Cwill
year) occupation	Other Contributory Caston of Impossince:
12. BIRTHPLACE (city or town). (State or country)	acull Coldine
E 13. NAME William Dise	- Dialototion
Ξ	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Sollie Dias-	What test confirmed diagnosis? Was there an autophysical was there are autophysical was the confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
W. INFORMANT Mrs Mary Dire	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Casheld Md.	
18. BURIAL, CREMATION, OR REMOVAL	. Manner of injury
Place Planty The Grant Jane 193	Nature of injury
19. UNDERTAKER DI DAWSON	24. Was disease or injury In any way related to occupation of deceased?
(Address) Crisfield, Md.	If so, specify Authority
20. FILED how 19, 1935 /26 Collins	(Signed) M.
Registrar.	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis DEC 7 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

Exact statement

certificate.

See instructions on back of

TION is very important.

m

1. PLACE OF DEATH	(P)
County Dumanset	Registration Dist. No. 2 & C
Village or City EWELL	NoSt.,Ward
Length of residence in city or town where death occurred_USLAGELAGE_mos	death occurred in a horpital or institution, give its NAME instead of street and number)
	O. Was J
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) Wildowsel	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Frank	22. I HEREBY CERTIFY, That I attended deceased from July 10 1935.
6. DATE OF BIRTH (month, day, and year) March /6 /853	last saw him elive on Newsmalow 27 , 1933; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
80 8 /2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Walerman SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Boats SAW MILL, BANK, etc. 10. Date deceesed last worked at 1. Total time (yeers) this occupation (month and 1920) 11. Total time (yeers)	Diabotes mellitus of Devation: fine years
work was done, as SILK MILL, 190 als	Corall Cutoff;
10. Date decesed last worked at this occupation (month and 1930) 11. Total time (years) spent in this occupation 20	
12. BIRTHPLACE (city or town) Ewell Management (State or country)	Other Contributory Causes of importance:
13. NAME Labor Eraus	
13. NAME Labora translated 14. BIRTHPLACE (city or town) Smiths Island	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? And
15. MAIDEN NAME ROchel & offman 16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOL ENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) Smith Island	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT This Lauson Tyler	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Lyell Md Date Dec 1,1935	Nature of injury
19. UNDERTAKER (Address) Crus Lella, Mo	24. Wes disease or injury in any way related to occupation of deceased?
mound the day of Cours of the	(Signed) Ht Dotout M.D.
20. FILED 1/07 25, 19 35 Carris M. Registras.	(Address) Evoll md

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	· ·			
	j			

PHYSICIANS should state

stated EXACTLY. classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

properly

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

-	4 4) 6)	77	
-	1) 4	1	73	

	10.	Registration Dis	t. No.	(e)
afect as (If death oc		91	4/	
	accented to a norbitat of institution	- NAME	St.,	Z Ward
-13 . // / / / / / / / / / / / / / / / / /	ds. How long in U.S. if of			
TULL NAME // Schard (Shury Cra	ans			
(a) Residence: No. 9th St.,	., 2 Ward.			
(Usual place of abode)			city or town and	State
PERSONAL AND STATISTICAL PARTICULARS		RTIFICATE C	F DEATH	
4. COLOR OR PACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	DATE OF DEATH	Month)	(Day)	, 193 5 -
narried, widowed, or divorced USBAND of			10.80	
r) WIFE of	I HEREBY	CERTIFY,		
E OF BIRTH (month, day, end year) late unknown 1864 last:	t saw h elive on			
Yaars Months Days If LESS than to hav	ava occurred on the date statad	abova, at	m.	
Trade, profassion, of perticular were	es follows:	be -	1	Date of onset
SAWYER, BOOKKEEPER, etc. Malerman	in bid.	<i>U</i>		
Industry or business in which work wes done, as SILK MILL,	Prubulto	cuns	<i>x</i>	
SAW MILL, BANK, etc.	Clasure	- 1+d	wish	
Date decaesed lest worked et this occupation (month and year)		ine		
O ' l'ol d Othar	r Contributory Causes of import	. 30 9		
THPLACE (city or town) (Stete or country)	Grove myor	4	7. P.	
NAME Peter Emmo	Auration J. Va			
BIRTHPLACE (city or town) Smith Osland Name	e of operation			-
(State or country)	t tast confirmed diagnosis?			
MAIDEN NAME SU a bell like A.	deeth wes due to external caus			
BIRTHPLACE (city or town)	dant, suicide, or homicide?	Dete	of Injury	, 19
(State or country) Makenous Where	re did injury occur?			
ORMANT Mrs Maggie Disa Spacif (Address) Cristald ma	cify whether Injury occurred In	(Specify city or tow INDUSTRY, in HOME,	n, county and Stat , or in PUBLIC PL	e) ACE.
place activity (m. par 1017/1 1035)	ner of Injury		*********	
DERTAKER form (forage how 24. Was	as disaase or injury In eny we			
	(Signed) 6 5 (Addrass) 6	refri	471	M. I

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1989	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Manner of injury

Nature of injury.

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

24. Wes diseesa or injury In any way related to occupation of deceased

7 19 3J deeth is sald Date of onset Dete of Injury _____ 19.

CAUSE

NOIL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 9 1935	111	of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1	921	Run over by street car	1 week ago
Cerebral hemorrhage	July	5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	Man	1 1009	Other contributory causes of importance:	1 year
Gallstones	May	1,1923	<u> Оизновния нь</u>	2 year

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D. Every YSICIANS statement	
r RECONY. PH. Exact	
JNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-pplied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPA-	
JNFADING INK-THIS IS A PER pplied. AGE should be stated E terms, so that it may be properly	CALINGALE
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DEATH

CAUSE LION

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17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

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S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?... 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) marrieo (Day) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceesed from (or) WIFE of 10 6. DATE OF BIRTH (month, dev. and year) 7. AGE Months Years Days If LESS than to have occurred on the date stated I dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at (1). Total time (years) spent in this this occupetion (month and occupation ___ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? U.O. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of Injury______ 19. 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?__ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury

24. Wes disease or injury in eny way related to occupation of deceased? If so, specify

(Signed) - dela Ti

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1905	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1327
1. PLACE OF DEATH	157-0
County Dunes	Registration Dist. No. 275
	NoSt.,Wal
Length of residence in city or town where death occurredm	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME & Vumbility	all
(a) Residence: No. Le Sual place of abode)	8t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Auby 26-1934	Hast saw have alive on // -/
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 P m.
1 3 20 1 day;hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	Dongenital Newly Fresion heat Date of one
S. Industry or business In which	6
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation year)	
for 1 1 Dt	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
₩ 13. NAME	
	Name of operation Date of
14. BIRTHPLACE (city or town).	What test confirmed diagnosis?
15. MAIDEN NAME Bulah armyla	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Bulle arright	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Date Date 1933	Nature of injury
19. UNDERTAKER 9 To 8 Sauch	24. Was disease or injury In any way related to occupation of deceased?
(Address) lender	If so, specify
20, FILED harris 1931 le E faille	(Signed) S. alryander Rosae M.
Registrar.	(Address) CC 1 1 10 sauch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	- Lavania	
	Other contributory causes of importance:	
May 1,1923	Custroenteritis	1 year
		184
	The second second	The Tall
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1, 1923 Instruenteritis

ADDITIONAL SPACE FOR FU	RTHER STATEMEN	NTS BY PHYSICIAN
		10.01
		John March

V. S. No. 1

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	3216
1. PLACE OF DEATH	92-0	
County Lomersel	Registration Dist. No. 26	4
Village or City Harrmount	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAME Charles William	- Jolinson	
(a) Residence: No.	St. Ward.	
Haimm my sual plate of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 700. 3	, 193 4 (Year)
5a. If married, widowad, or divorced HUSBAND of		(1,1,1)
(or) WIFE of Heartles Uphrew Johnson	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Williams /864		death is said
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 5-6m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.
2 Trade profession or particular 0 1 0	- Ca - Ca - A - A - A - A - A - A - A - A - A -	Dete of onset
SAWYER, BOOKKEEPER, etc.	Wetruf Frankfirein	aug
Industry or business in which work was done, as SILK MILL, Cypler Washing PAN HILL, Coppler Wash	1.0	1936-
kind of work done, es SPINNER, SawyER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 12 11. Total time (years) this occupation (month and		
this occupation (month and year) spent in this 40		
12. BIRTHPLACE (cliy or town) Wesley Have Tud	Other Contributory Canees of Importence:	art
(State or country)	Edema	5
13. NAME John D. Johnson		1492
13. NAME 14. BIRTHPLACE (city or town). Weeks.	Neme of operation Date of	
(State of Country)	What tast confirmad diagnosis? Was there an e	utopsy? Ms_
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to axternal causes (VIOLENCE) fill in elso the following	:
o 16. BIRTHPLACE (city or town)	Accident, sulcida, or homicida? Date of Injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT (Address) Lairmonn!	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Date 1000, 5 ,1935	Nature of injury	
19. UNDERTAKER HERbert & Wilson	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Upper Hill, Md.	If so, spacify	
20. FILED MOV 5-, 1835- 9. E. Deakinson	(Signad)	A M. D.
Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BIRDER V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ould be carefully supplied. AGE should be stated EXACTLY. PHYS	F DEATH in plain terms, so that it may be properly classified. Exact st	7.6
ARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be ;	n terms, so that it may be	
	LAINLY, WITH	uld be carefully	F DEATH in plain	

N. B.-WRITE

STATE OF MA	ARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH		159
County Somerast		Registration Dist. No. 262
Village or City Coston Stat	ites. (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred		ds. How long in U.S. it of foreign birth?yrsmos ds
2. FULL NAME Onlant	King	
(a) Residence: No.		St., Ward.
	place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIV	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Your 28 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	0	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of		Nov. 28 ,1935, to Nov. 28 ,1935
6. DATE OF BIRTH (month, day, end year)	35	I last saw h saive on
7. AGE Years Months Days		to have occurred on the date stated above, at
	1 day, 2hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular		Premature Date of onest
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		
9. Indústry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc		
D ID. Date deceased lest worked at 11. T	Total time (yeers) spent in this	
this occupation (month end year)	spent in this	
Coston It	ti- my	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	~~~~	
13. NAME Elwand Kin		
14. BIRTHPLACE (city or town) Baltima	de	Name of operation Dete of
(State or country)	and	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Nellie Kol	ALLA	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
16, BIRTHPLACE (city or town) Control (State or country)	militath	Accident, suicide, or homicide? Date of Injury19
(Stete or country)		Where did Injury occur?
17. INFORMANT Margare &.	Smith	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) W Walter	ma.	
18. BURIAL, CREMATION, OR REMOVAL	4.0	Manner of Injury
Place Date Date	wu. 29, 19.35	Nature of injury
19. UNDERTAKER		24. Was disease or injury in any way releted to occupation of deceased?
(Address)	ma,	If so, specify
20, FILED 1/29 1935 ma. 3	& Scatt	(Signed) Maggie & Smith M.
	Registrar.	(Address) U Colonier . Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	, ship is	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 3 1985	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrolis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION IS yery important. See instructions on back of certificate.

FOR BINDING

item of infor-

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. P	1. PLACE OF DEATH					93-c		
	County Somerset					Registration Dist. No. 264		
			pper Fa		7 (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.		
	ULL NAI (a) Residence		Marga State R	ret Emi	ly Layfi	eld If U. S. Veteran, specify WAR noisht Ward. If nonresident give city or town and State		
			D STATISTI			MEDICAL CERTIFICATE OF DEATH		
3. SEX	M		R OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If many HU (or	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warren Layfield					22. SEREBY CERTIFY, That I attended deceased from		
6. DATE	OF BIRTH (month, day	(, end year)	fay 17	1867	I last saw h alive on		
7. AGE	68 Year		Months 6	Days 13	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at		
NOIL 8.	8 Trade profession or particular				wife	Probable Date of onest		
kind of work done, as SPINNER, House wife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1935 11. Totel time (years)				5 1 11 Total 6	time (vege)	Ch. Ingrealditie 4		
0	10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation coupation			Spe	ent in this			
12. BIRTHPLACE (city or town) (State or country) Md				more		Other Contributory Causes of importance:		
置 13.	13. NAME John F Hurley							
13. NAME John F Hurley 14. BIRTHPLACE (city or town) Cambridge (State or country) Md						Neme of operation Date of Wheat test confirmed diagnosis?		
15. MAIDEN NAME Ellen Blake						23. If deeth was due to external causes (VIQLENDE) fill in also the following:		
15. MAIDEN NAME Ellen Blake 16. BIRTHPLACE (city or town) Rumbly (State or country) Md				M	, u-	Accident, suicide, or homicide?		
	ORMANT			ther Ca per Fai		Specify whether injury occurred in INDUS (RY, in 1995), or in PUBLIC PLACE.		
	IAL, CREMAT			man. Nor	2819. 35	Manner of Injury		
19. UND	Place	lop	n ali	grad	shaw	Neture of injury 24. Was disease or injury In any way releted to occupation of deceaped? If so, specily		
20. FILE	o Hov	23.	193 6- 9	(E.Di	ekinsm Registrar,	(Signed) (Address) A A A A A A A A A A A A A A A A A A		

V. S. No. 1

N. B.-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Control Control			
Other contributory causes of importance:		Other contributory causes of importance:	- us at I
Gollstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	3	9	N	1	3
A	03	~		1	1

1. PLACE OF DEATH			100	
County Somerset	, ,		Registration Dist. No. 200	
Village or City_Rring Length of residence in city or to		(1	No. St., of death occurred in a hospital or institution, give its NAME instead of street and numbers	Ward
2. FULL NAME Iva	G. Marriner		If U. S. Veteran, specify WAR	
(a) Residence: No.		ace of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND ST	ATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R	OR DIVOR	ARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH November 28th. 193	5. Yaar)
5a. If married, widowad, or divorcad HUSBAND of L. Paul N	larriner		22. HEREBY CERTIFY, That I attended decae:	
6. DATE OF BIRTH (month, day, and ya 7. AGE Years M	nar)November Honths Days	21st.1871	I lest saw h alive on 17 2 , 19 31; dast to have occurred on the date stated etove, at 5 25 A m.	th is said
9 Trade profession or portionles	* 7	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	e of onset
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MI SAW MILL, BANK, etc	NOV. 11. Tot	al time (yeers) spentin this occupation	Other Contributory Causes of importence:	
	ryland	1 t y		
13. NAME George P.	Gibbons			
(State or country)	Somerset C Marylar		Neme of operation Date of Whet test confirmed diegnosis? Was there an autops	
15. MAIDEN NAME Leteti			23. If death was due to external causas (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Leteti 16. BIRTHPLACE (city or town)	Maryland	ounty	Accident, suicida, or homicide?	19
17. INFORMANT 1. Paul Marriner (Address) Princess Anne, Varyland.			Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	neteryDateNov	.29th., 19 35	Manner of injury	
19. UNDERTAKER VOLUMENTS	City 110	euson	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED 11/29 , 193 V	1- 9. V.m	Registrar.	(Signed) A Junih (Addiess) Princes & am 2	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of death and related of importance were as follows:	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1.01	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	10	10273	Rain goer by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritoniti	3 days ago
	CXX	001 110	HQ /	
Other contributory causes of importance	6 9 4	1370	Other contributory causes of importance:	5-46
Gallstones		May 1,1923	Cartrocaleritis	1 year

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

(Address)

-WRITE

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Street (If	No. 113 S. 4 M st., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Madeling Frances (a) Residence: No. 113 S, 44a	ds. How long In U.S. if of foreign birth? yrs. mos. ds. Markall St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. Seld HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 19 3 3 11. Total time (yeers) 10 this occupation (month and the second labels)	I last saw h
10. Date deceased last worked at this occupation (month and 1933 11. Total time (yeers) U spent In this occupation (month and 1933 12. BIRTHPLACE (city or town) 12. Signature (Stata or country)	Other Coutributery Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation at first a Harfulus Oate of What test confirmed diagnosis? Was there en autopsy? As
15. MAIOEN NAME 15. BIRTHPLACE (city or town) (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Carry Date Hov. 11, 19.35	Specify whethar Injury occurred in INDUSTRY, In HOME, or In PÚBLIC PLACE. Manner of Injury Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

If so, specify

(Signed)

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	Example I		Example II	
The principal cause of importance were		Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 1903	July 5, 1927	Peritonitis	3 days ago
	BURFAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
_	b .	

PHYSICIANS should state

item of infor-

of OCCUPA.

Exact statement

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	I. PLACE OF	F DEAT	ГН			82-20	
	County Sc	mers	et			Registration Dist. No. 262	
			r Cokes	0	(Ii)yrs,mos	ND. St., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos.	Ward
	2. FULL NAI	ME DI	rucilla	Merrill		If U. S. Veteran, specify WAR	
	(a) Residen			(Usual place		St., Ward. If nonresident give city or town and State	
artes.	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex emale		r or race Lored	5. SINGLE, MARI OR DIVORCED Sing	RIED, WIDOWED, (write the word)		5 er)
5e.	HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY, That I attended decease	d from
6.	DATE OF BIRTH (month, day	, end yeer) No 1	known	1872	flest saw h alive on 2007 7 th, 192 ; deeth	Is seid
7.	AGE Yea	rs 63	Months **	Deys **	If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete stated above, et 10.30m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onset
OCCUPATION	9. Industry or 1 work wes SAW MIL 10. Date decease	business in done, es S L, BANK, e ed lest wor pation (mor	ked et Augsthann 1935	11. Totei ti spen occu	tin this Life	Other Contributory Causes of importance:	
ER	(State or coun		Merrill	yland.		Kegut side Staneflegin 19	73.5
FATHER	14. BIRTHPLACE (State or			yland.		Neme of operation Dete of Whet test confirmed diagnosis? Wes there an autopsy?	
MOTHER.	15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or to country)	Mar errill	yland.		23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	
18	BURIAL CREMAT	ION, OR R	EMOVAL	Maryla Mov Novl	nd. 3th,1935	Menner of injury	
	UNDERTAKER Address O	esso !!	e City 935-Mrs.	Leve Samuel	Scatt Registrar	24. Wes disease or injury in eny way releted to occupation of deceased? If so, specify (Signed) (Address)	M. D.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear July 5,1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroen eritis May 1,1923 1 year Gallstones

Mo. 1 RGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of the properly classified. Exact stateme	nfor- state JPA.	1. PLACE O
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WRITE PLAINLY, W mation should be careful (CAUSE OF DEATH in 19. INPORTATION 1	TH UI sup ain te	(01010 0
TO A LEGAL TO THE PLAIN IN THE	WIJ full n pl	15. MAIDEN NA
(Andress)	VLY,	16. BIRTHPLACI
(Andress)	PLAIN buld b F. DE, ery in	(Address)
(Andress)	she E O	18. BURIAL, CREMA
(Andress)	RIT tion USI ON	Plece Session
vi Z 20. FILED. Jase	0	
	N. B.	20. FILED Jases

Village or City Village or City County Coun	1. PLACE OF DEATH	
Village or City CNO. C	2/42.20.20	Registration Dist No. 2 65
2. FULL NAME (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (critical be word) 5.5. Ill married, widowed, or divorced HUSARD of (or) VIFE of Survey of the word) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, drotession, or particular part	Village or City Cristilla	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX A COLOR OR RACE S. SINCLE, MARRIER, WIDOWED, One DIVORCED (wire ble world) S. HUBSAND of Control of Contro	Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) ON WIFE of 5. SINCE, MARRIED, WIDOWED, OR DIVORCED (write the word) ON WIFE of 5. ATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Year Months 1 It LESS then 1 day	2. FULL NAME Olivateth V, Cles	rill!
PERSONAL AND STATISTICAL PARTICULARS 3. EX 4. COLOR OR RACE OR DIVORCED OR D		
So. If married, widowed, or divorced MUSARD of (Part) So. If married, widowed, or divorced MUSARD of (Cr) WIFE of Cr) So. If married, widowed, or divorced MUSARD of (Cr) WIFE of Cr) So. If married, widowed, or divorced MUSARD of (Cr) WIFE of Cr) So. DATE OF BIRTH (month, day, and yeer) So. DATE OF BIRTHPLACE (city or town). So. DATE OF BIRTHPLACE (city or town). Solve or country) Was there an europay? Solve or country) Solve or country Solve		
5. If married, widowed, or divorced HUSSAND (or) WIFE of	OR DIVORCED (write the word)	VOV 16 1935
5. DATE OF BIRTH (month, dey, and yeer) 1. AGE Years Months Days If LESS then 1 day,	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George & Mexiel (22. HEREBY CERTIFY, That I attended deceased from
TAGE Vears Months Days If LESS then 1 day,	5. DATE OF BIRTH (month, dev, and veer) Sully 30 th 1862	
8. Trade, diofession, or particular kind of work done as SPINNER, Horuseurif SANYER, etc. 9. Industry or business in which years sound in this occupation month and seem of the seem of t	7. AGE Years Months Days If LESS then	
Tade, diofession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased lest worked at this occupation in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATIDN, OR REMOVAL Place 18. BURIAL, CREMATIDN, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 19. VNDERTAKER (Address) 20. FILED 10. Date of injury in any way related to occupation of deceased? If so, specify (Signed) M. If so, specify (Signed)	17 10 110	ware to different the cause of pears and related causes of importance
Dither Contributory Causes of importance: Description	8. Trade, profession, or particular kind of work done, as SPINNER.	Idesoura restricted
Dither Contributory Causes of importance: Description	SAWYER, BDDKKEEPER, etc.	"Repliete"
Dither Contributory Causes of importance: Description	work was done, es SILK MILL, SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10. State or country 10. What test confirmed diagnosis? Was there an eutopsy? 21. What test confirmed diagnosis? Was there an eutopsy? 22. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury 24. Was disease or injury In any way related to occupation of decessed? 16. Specify Nature of injury (Signed) M. E. (Signed) M. E.	- this occupation (month and	
13. NAME 14. BIRTHPLACE (city or town)	12. BIRTHPLACE (city or town) Angels - And - Angels - And - Angels	Dther Coutributory Causes of importance:
What test confirmed diagnosis? Was there an europsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Classification and Country Date of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED MAY 19, 19 (Signed) What test confirmed diagnosis? Was there an europsy? 22. If deeth wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) (Signed) May related to occupation of deceesed? If so, specify (Signed)	A DO AFER	cerebral apoplece
What test confirmed diagnosis? Was there an europsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Classification and Country Date of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED MAY 19, 19 (Signed) What test confirmed diagnosis? Was there an europsy? 22. If deeth wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) (Signed) May related to occupation of deceesed? If so, specify (Signed)	13. NAME Mahlon Helling,	
What test confirmed diagnosis? Was there an europsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Classification and Country Date of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED MAY 19, 19 (Signed) What test confirmed diagnosis? Was there an europsy? 22. If deeth wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) (Signed) May related to occupation of deceesed? If so, specify (Signed)	14. BIRTHPLACE (city or town)	Name of operation
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Classify Country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceesed? If so, specify (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury 19. UNDERTAKER (Address) (Signed)	(State of country)	What test confirmed diagnosis? Was there an eutopsy?
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Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Classify Country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceesed? If so, specify (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury 19. UNDERTAKER (Address) (Signed)	16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMOVAL Plece Clastrus Cellular Date Not 19, 1935 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceesed? If so, specify (Signed) Manner of Injury Nature of injury (Signed) Manner of Injury (Signed)	17. INFORMANT Go B. Mervilly	(Specify city or town, county and State)
Place Usburg Cellular Date 707 1, 1935. Nature of injury. 19. UNDERTAKER 24. Was disease or injury In any way related to occupation of deceased? (Address) 20. FILED 144 1936 (Signed)	18. BURIAL, CREMATION, OR REMOVAL	Manner of Inlury
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceesed? If so, specify (Signed) (Signed)	Callada Nor 10th	
20. FILED how 19, 1935 be Eline (Signed) Clean - 1. Achievalles M. E		24. Was disease or injury In any way related to occupation of deceesed?
		(Signed) Clean M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

Every item of infor-ICIANS should state itement of OCCUPA-

	Z.	YS	st	
	RECO	7. PH	Exact	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sti	
	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
	HIS	pe	pe	Jo
	INK-TF	plnoys	t it may	on back
	DING	d. AGE	, so tha	uctions
)	I UNF	supplie	in terms	see insti
	, WITH	refully	I in plai	tant.
	AINLY	be ca	DEATH	impon
1	E PL	should	OF I	s very
	-WRIT	mation	CAUSE	TION i
	4.		1	-

	STATE OF MARYLAND-	CERTIFICATE OF DEATH	3284
1	. PLACE OF PEATH	(2)	
	county Jomerset	Positivation Dist No. 7/	at the
	0 11 11	Registration Dist. No.	
	Village or City Ston	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmo	sds.
	FULL NAME ada Miles		
1	Caste Ma	If U. S. Veteran, specify WAR	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and statement of the statemen	S
Approprie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. 5	SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (write the word)	Non. 28	1935
	To Morried	(Month) (Day)	(Yeer)
Da.	If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended d	lecased from
	(or) WIFE of Clarence Miles	8 gt 1 1933 to non 23	19 35
6 1	DATE OF BIRTH (month, day, and year) Feb 2 6 18 94	25	death is said
	AGE Years Months Days If LESS then	to have occurred on the date steted above, at 2 35 R.m.	, dodtii 13 said
	H/ 8 1 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	, ormin.	were es follows:	Date of onset
NO	8. Trede, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc	Cours Set of Head	B
OCCUPATION	9. Industry or business in which	alismusy tumboris	721
UP	work was done, es SILK MILL, SAW MILL, BANK, etc		
ပ္ထ	10. Date deceased last worked at / 2 5 11. Total time (years)		
0	this occupation (month and / 9 3 spent in this occupation		
	Brissill	Other Contributory Causes of importance;	and !
12.	BIRTHPLACE (city or town) (State or country)	Clarine du Myllica	
œ	13. NAME Gardner Butler	Cun hyposities	
FATHER	Okeatera		
FA	14. BIRTHPLACE (city or town).	Name of operation Date of	
2	(· · · · · · · · · · · · · · · · · · ·	What test confirmed diagnosis? Was there an ar	utopsy?
MOTHER	15. MAIDEN NAME Crinqua Pariser	23. If death was due to externel causes (VIOL ENCE) fill in also the following	
10	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
2	(State or country)	Where did injury occur? (Specify city or town, county and State	
17.	INFORMANT This Ilorgia Carey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
_	(Address) Ringston me		
18.	BURIAL, CREMATION OR REMOVAL D	Manner of Injury	
	Place 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury	
10	UNDERTAKER LOMM GOBODS FOR	24. Was disease or injury in any way related to occupetion of deceased?	
13.	(Address) Confuld And	If so, specify	
	1175 21 Quelle 19 Lange	(Signed) Banana Quellage	M. D.
20.	FILED 1921 Office 10 1 and tork	(Address) mauni mod.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUDEAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED FOR

No

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7

. 1		13285
PLACE OF DEATH	STATE OF	MARYLAND
County Towerset	CERTIFICATI	E OF DEATH
County	Registration	Dist. No. 26 >
Village or City Western (No. 2FULL NAME Change 9	bilison. St.: Ward	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I	tended the deceased from
(Month) (Day) (Year)	that I last saw h endive on 20	13 13 35.
7 AGE [If LESS than	and that death occured on the date state	d above, at
8 8 yrs. 5 mos. 1 6 ds or min.?	The CAUSE OF DEATH * was as follows:	
B OCCUPATION	Chronic by	cardeli
(a) Trade, profession or particular kind of work	0	
(b) General nature of industry business, or establishment in which employed or (employer)	Duration)	yra moa da.
9 BIRTHPLACE (State or country)	Contributory Secondary	20 de.
10 NAME OF FATHER	(Signed)	MO MO
U 11 BIRTHPLACE OF FATHER	*State the Disrase Causing Deat	my to the from
Z (State or country)	Violent Causs, state (1) Means of Accidental, Suicidal or Homicidal.	Injury and (2) whether
of Mother ?	18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER ALSO KNOWN	At place of deathyrsmosds.	he iateyrsmosds.
(Stats or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence	, , , , , , , , , , , , , , , , , , ,
(Informant)	TO PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Wistown Mil Kol	Hally grove	Nov. 16 . 1936
2 20 11 11 11	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired Housemaid, etc. If the occupation has been changed or given up on account of the DISPASE CAUSING DEATH. gaged in domestic service for wages, as Servant, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Houseen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Catton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Campasitor, Architect, Locomotive engineer, whatever, write Nane. business, that fact may be indicated thus; Farmer to report household only (not paid Hausekeepers who receive a et:., Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Caal mine, etc. without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation not gainfully em-(b) Grocery; Wom-To'l

to time and eausation), using always the same accept, ed term for the same disease. E.amples: Cerebras pinal s, inal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia") Statement of Cause of Death—Name, first, the pis-(the only definite synonym is "Tpidemie cerebropneumania, Bronchopneumonia ("Pneumonia,

ced in detail, it will prevent further correspondence. A.I the sessential and must be obtained before the certificate is

A.lthe

iently filed.

(He ommendations on statement of cause of death approved by Committee on inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilanitis," etc. "Inanition," "Marasmus," "Old Age, Shock, "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchapneumania (secondary), stated unless important. Whaaping eough; Chranic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis af lungs, menaccident; Revolver wound of head-hamicide; Poisoned by or as prabably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Tranition," "Heart range," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid alie acid—probably suicide. The niture of the injury, us) may be stated under the head of "contributory." racture of skull, and consequences (e.g., sepsis, rican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, is certificate is looked over thoroughly and atl questions FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be ss important. Example: *Measles* (disease Chranic valvular heart discuse; etc. Nomenclature ," etc.), "Dropsy, The contributory Always qualify all

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PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13	286
1. PLACE OF DEATH	TO.	
county Omerset	Registration Dist. No. 2	65-
Village or City Cristield	No. North 4th Street St.	Ward
1 10	t death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residance in city or town whera death occurredyrs,mos	sds. How long in U.S. If of foralgn birth?yrs	nosds.
2. FULL NAME LONA, TUVY	If U. S. Veteran, specify WAR	
(a) Residence: No. 1000 4/75 Mus. (Usual place of abode)	St.,Ward.	1.6.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
An Col GR DIVORCED (write the word)	(Month) (Oay)	, 193 5 . (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended	
01 + 615	10 10 10 10 Nov 1	7., 1935 -
6. DATE OF BIRTH (month, day, and year)	11	🕦 ; death is said
7. AGE Years Months Oays If LESS than I dey,hrs.	to have occurred on the data stated abova, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance	
○ Trade, profassion, or particular	were as follows:	Oate of onset
SAWYER, BOOKKEEPER, etc.	Premun	9
Industry or business in which		mor
work was done, as SILK MILL, SAW MILL, BANK, etc	Bronding	20-31
O Data deceased last worked at this occupation (month and yaar) occupation		
12. BIRTHPLACE (city or town) North Cololina	Other Contributory Causes of Importance:	
(State or country)		**
13. NAME Thas / Lung		***********
14. BIRTHPLACE (city or town)	Name of operation Date of.	
(State or country)	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Halle Claire	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following	ng:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Town Oate aller 27,19 3	Nature of injury	
19. UNDERTAKER John a Bradshaw (Address) Crisical Md	24. Was diseasa or injury in any way ralated to occupation of deceased?	
20. FILEO hor 27, 1935 - le Elenslister. Registrar.	(Signed) La Collection (Address) Constitution	М. О.
If more blanks are needed, address State Registrar,	#	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1565	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFI	CATE OF	DEATH
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- 66	6	63	10	4.0
7	3	6	0	1
-0	00	-	1	-

1. PLACE OF DEATH County Smbract	Registration Dist. No. 270
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foralgn birth? yrs. mos. ds.
2. FULL NAME Carl Shelton	
(a) Residence: No. — Marion. — Form (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / / (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 28-1905 7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated abova, at
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Wound of anta. Hornical Widion Coronis Drynish Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lena St. Clair 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAD Place N. C. Removed 2 Date Nov 13, 1935	Manner of Injury Surv Alexan
19. UNDERTAKER DAM Wella das tan (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Registrar. If more blanks are needed, address State Registrar.	(Signad) M. D. (Addrass)

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Chronic interstitial nephritis DEC 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONA	L SPACE FOR	FURTHER STAT	EMENTS BY PH	YSICIAN	
300000		- A A	1 D	~	

FOR BINDING RGIN RESERVED

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

1	S	TATE O	F.MARYLAND-	CERTIFICATE OF DEATH	13288
1. PL	ACE OF DEA	TH ,		(137)	_
Cp	unty Jom	erait		Registration Dist. No.	-70
100	lage or City	risdiol) A	Ar (se a de Henrinal Hosta)	Ward
	inage of only		Lem Januara (11	death occurred in a hospital or institution, give its NAME instead of street and	
Ler	ngth of rasidence In ci	y or town whare de	ath occurred yrs, mos	ds. How long in U.S. if of foreign birth?yrsr	mosd
2. FU	LL NAME	oseth	· Mune	If U. S. Veteran, specify WAR	
(a)	Residence: No	Cri	Wild MA (Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PI	ERSONAL AN	D STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. 0050	R OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 5-
5e. If marr	ried, widowed, or divo	orced	of oreg	(Month) (Day)	(Year)
HUSE	BAND of WIFE of	lins	ra Spince	22. I HEREBY CERTIFY, That I attended	
6. DATE O	F BIRTH (month, day	y, and year) Un	lanown 1860		; death is sale
7. AGE	Years	Months	Days If LESS than	to have occurred on the date stated above, at	
alon	it 75		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
- 8. Tr	rade, profession, or pa	articular (1 - 0	nota as julions.	Date of onset
0	kind of work dona. SAWYER, BDOKKEE	as SPINNER, PER, etc	avorer	acul Del 7 18 ent.	m 10
OCCUPATION	dustry or business in work was done, as S SAW MILL, BANK, a	SILK MILL.	******************************	mena:	
0 10.0	ata daceasad last wor this occupetion (mo year)	rked at nth and	11. Total tima (yaars) spent In this occupation		
	PLACE (city or town) tete or country)	Somer	set County	Other Contributory Causes of importence; - Ossers Ond refule	
		1 /	- May	Clame marchalle	4
13. N/	AME 4	muno	wn	Carolalia alos cura.	
¥ 14. BI	RTHPLACE (city or to	own)	•••••••••	Name of operation Pulse Cute Cycley Data of	mr 10
	(Stata or country))/ / / / /		What test confirmed diagnosis?	aulopsy?
15. M/	AIDEN NAME	monor	un	23. If daath was due to external causes (VIOLENCE) fill in also tha following	ng:
5 16. BI	RTHPLACE (city or to	wn)	,	Accident, suicide, or homicida? Date of Injury>	, 19
Σ	(Stete or country)	"		Where did injury occur?	
17. INFDRI	MANT UN	ma J	hence	(Specify city or town, county and Su Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC P	ste) LACE.
	L, CREMATION, OR F	REMOVAL Com	Date 100 20 ,1933	Manner of injury	
19. UNDER	RTAKER DIMI	asson	dstaw	24. Wes disease or injury in any way related to occupation of decaased?	
20. FILED	mr 20	195-1	la Eliethia.	(Signed) Furge Clifflus (Address) Misson May	

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Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Somerset

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

(Year)

Date of onset

Crisfield R.D. Village or City___

(If death occurred in a horpital or iostitution, give its NAME instead of street and number)

Length of rasidance in city or town where deeth occurred 26 vrs.....

(a) Residence: No.

5a, If merriad, widowed, or divorced

68

12. BIRTHPLACE (city or town) ___ (Stata or country)

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER

(Address)

14. BIRTHPLACE (city or town). (Steta or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR REMOVAL

6. DATE OF BIRTH (month, day, end year)

8. Trede, profession, or perticular

kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc 9 Industry or business In which

Charles N Sterling

21. DATE OF DEATH

If nonresident give city or town and State

statement PHYSICIAN RECORD. PERMANENT 6

OCCUPA.

Should

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

(Usual place of abode)

(Month) (Dey)

CERTIFY. Thet I ettended deceased from

HUSBAND of (or) WIFE of

86 7

Deys If LESS than 1 dey,____hrs or ____ min.

work wes done, as SILK MILL, SAW MILL, BANK, etc..... Date deceased lest worked et this occupation (month and

FaiRMou

Months

11. Totel time (yaers) spent In this occupation _____

to heve occurred on the date steted shove.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

	Other Contributory Cane
	car Qa
1	8

What test confirmed diagnosis2

Wes there en eutopsy?

23. If death wes dua to externel ceuses (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrat

24. Was diseese or injury in eny wey releted to occupation of deceesad? If so, specify

(Address)

back See important. very

may plnods

supplied

carefully

should be

DEATH

OF

CAUSE mation

LION

7. AGE

OCCUPATION

FATHER

MOTHER

V. S. No.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Property of the second state of the second sta		

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BINDING

RESERVED

V. S. No. 1

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BUREAU V. S.	and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

1. PLACE OF	DEATH			(109)		7	60
County	W. W.		O		Registration	Dist. No.	
Village or Cit	y Solen	une d	~~\.	No. f death occurred in a hospital or inst	itution, give its NAV	St.,	War
Length of reside	ence in city or wwn where	death occurred		ds. How long in U.S.i			
2. FULL NAM	E Mono	nex El	Alexa	to-d-0-m			
(a) Residence				St., Ward.			
(5) 11001001100		(Usual place	of abode)		If nonresiden	t give city or lown a	ind State
	L AND STATIST	ICAL PART	CULARS	MEDICAL	CERTIFICAT	E OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month)	18 (Oey)	, 193 (Yaar)
5a. If married, widowed HUSBAND of	d, or divorced						
(or) WIFE of		1	10	22. I HEREE		Y, That I attend	
C DATE OF BIRTH (11.12	1931	I last saw h alive on			
6. DATE OF BIRTH (m 7. AGE Years		Days	If LESS than	to have occurred on the date st			; death is se
	>	14	1 day,hrs.	The PRINCIPAL CAUSE OF DE			
8. Trade, professi	ion, or particular		ormin.	wera es follows:		1	Oate of onse
kind of wo	rk done, as SPINNER, BOOKKEEPER, etc.			Wa D'in	001		
9. Industry or bu	isiness in which	Va		Carro O	de	Messen	0
SAW MILL,	, BANK, etc.	in		le tim 16	un Per	Care and	
10. Date deceased this occupe year)	tion (month and	spa	ime (years) nt in this	Insurania, um	sesilied.	Crus R	
year)		1 000	upation	Other Contributory Causes of in	11 /		
12. BIRTHPLACE (city (Stete or count		2		not known, if	preceded ty	an infecto	na rolia-
1		Carres	Denni		me was r	aposteda n	o
Ξ	meny	Jack W		fronther info	ranation.		
14. BIRTHPLACE (Name of operation			
	1 3	10		What test confirmed diagnosis?			
15. MAIOEN NAM		Jerry	an an	23. If death was due to external			
O 16. BIRTHPLACE (State or c		2		Accident, suicide, or homicide?.		Date of injury	, 19
1 (Blate of c	South 1			Where did injury occur?	(Specify city o	r town, county and S	Stale)
17. INFORMANT (Address)	a au	m m	<i>y.</i>	Specify whether injury occurred	in INDUSTRY, in H	OME, or in PUBLIC	PLACE.
18. BURIAL, CREMATIC	ON, OR REMOVAL	11/	3.1	Manner of injury			
Plece	Mer A	Oate	19-1,192V	Nature of Injury			
19. UNOERTAKER	- Jann	9	0	24. Was disease or injury in any	wey releted to occu	pation of deceased?_	
(Address)	100	upper	no.	If so, specify	16	^	10
20. FILEO 11/2	7 1,1931 - 6	Messe	CK	(Signed)	un RH	mall	en my
	/	1	Registrar.	(Ardress) - 6	termer	dul.	

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BUREAU V. S.			
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	الـــــا		

ADDITION	NAL SPACE FOR FURTHE	R STATEMENTS	BY PHYSICIAN	
Inauthority	to change fats	lu v man	ne. see farth	
certificatel	and both fil	& under	Lmith 1-7-36	
0 -0	D		is.	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Nomens	. 0		Registration Dist. No.	464
Village or City I name (and	(If death	No. occurred in a hospital or institut		
Length of residence in city or town where death occurred	yrsmes	ds. How long in U.S. if of	foreign birth?yrs	mos
2. FULL NAME Cleans Up	In Tod			
(a) Residence: No. Manothin		St., Ward.		
(Usual place of		NEDICAL C	If nonresident give city or t	
PERSONAL AND STATISTICAL PARTIC			ERTIFICATE OF DE	ATH
	(write the word)	DATE OF DEATH	War got	102)/-
a. If married, widowed, or divorced			(Month) (Day)	(Year)
HUSBAND of CO WIFE of	22.	IHEREBY	CERTIFY, That I	attended deceased fr
L. Total			19, to	
DATE OF BIRTH (month, day, and year)	- /863 Ila	st saw h alive on		
. AGE Years Months Days		have occurred on the date states	l above, atm.	
72 0 /2	1 day,hrs. The	PRINCIPAL CAUSE OF DEAT	H and related causes of Importan	
8. Trade, profession, or particular		ic as ronows.	2	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		muneral	Cal 18	Lie V
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and	.,		/	14
SAW MILL, BANK, etc.	73	bronie, myseoro	litis Duration	net
Short	t in this	stated of Cur	2 R.	
year) occu	pation Oth	her Contributory Causes of Impor	tance:	
2. BIRTHPLACE (city or town)			***************************************	
(State or country)				
13. NAME agustus modde	*			
14. BIRTHPLACE (city or town)	Na:	me of operation	D	Date of
(State of country)	Wh	at test confirmed diagnosis?	Was t	here an autopsy?
15. MAIDEN NAME 6 16. BIRTHPLACE (city or town)	day 23.1	f death was due to external caus	ses (VIOLENCE) fill in also the	following:
16. BIRTHPLACE (city or town)	Acc	cident, suicide, or homicide?	Date of injury	,, 19
(State or country)	Wh	ere did injury occur?	· · · · · · · · · · · · · · · · · · ·	
7. INFORMANT Urthur 9 de	Spe	ecify whether injury occurred In	(Specify city or town, county INDUSTRY, in HOME, or in PU	BLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Ma	nner of injury		
Place Manokin Despate Mor	112 1037	ture of injury		
Almorator Home B. Miles		Was disease or injury in eny wa		
9. UNDERTAKER AV COUNTY OF THE CONTROL (Address)	7.0	so, specify:	, rotated to occupation of decea	13641
MATIN 3+ RECALL	Linam	(Signed) 9 Sur	uch -	
0. FILED 10 1950 1 (e. 1) 121	NICKOL			

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 105	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
RITE PLAINLY, WITH UNFADING INK—THIS tion should be carefully supplied. AGE should be USE OF DEATH in plain terms, so that it may be N is very important. See instructions on back of	IS A PERMANEN	stated EXACTL	properly classified.	certificate.
民は口公	ITE PLAINLY, WITH UNFADING INK-THIS	on should be carefully supplied. AGE should be	SE OF DEATH in plain terms, so that it may be	Is very important. See instructions on back of

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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Village or City. Howeld (if death occurred in a horpital or institution, give its NAME instead of steet and number) Length of residence in pity or town whara death occurred. 2. FULL NAME (a) Residence: No. Howeld (Cloud steet of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	1. PLACE OF DEATH	+	(23)	7.0
Length of residence in sity of town whare dash occurred	County Orracol	1	Registration Dist. No.	10
Length of residence in pity of town whars death occurred	Village or City Homes	well		Ward
(a) Residence: No. House (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR PLYCORED (ought the word) 5. Il marriad, widowed, or divorced (USAND) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days Il LESS than or min. 22. I HEREBY CERTIFY, That I attended daceased from the date stated above, et A	Length of residence in city or town whara o			
(a) Residence: No. Hollwell (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	2. FULL NAME Proh	n mare	If U. S. Veteran, specify WAR	
Clust place of abode If nonresident give city or town and State	(a) Residence: No Hold.	errell		
3. SEX 4. COLOR OR RACE OR SYNORCED Cardic the word) Marriad, widowed, or divorced HUSBAND of (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I I LESS than 1 day,	(a) hostonio. No.	(Usual place of abode)		State
Married, widowed, or divorced HUSPAND	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. DATE OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Jays Il LESS than 1 day,hrs. or	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("and te the word)	mor 26	, 1938 (Year)
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of easaed from work was done, as SPINNER, SAWYER, BOOKKEPER, etc. Date of easaed last worked at work was done, as SILK MILL, SAW MILL, BARK, etc. Date of easaed last worked at in securation of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Date of easaed last worked at in security or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Date of easaed last worked at in security or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Date of easaed last worked at in security or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Date of easaed last worked at in security or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. Date of easaed last worked at in security or town. Other Contributory Causes of importance: What test confirmed diagnosis? Was there an autopsy? 23. If dath wes due to externed causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury	5a. II marriad, widowed, or divorced			(18-2)
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Stonewall Im / mr 19 35	18. BURIAL, CREMATION OR REMOVAL O	1	Manner of injury	
Nature of Injury	Plece tohewell lem.	Date Nov 29 , 19 33	Nature of injury	
(1x has 1) files a share - 24 Was disease as interest in the	Ux his 11 Pm	1 Adohen-		
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify		On d		
Newson Language	(nourse) and	100		
20. FILED. Nov. 29, 1933 — Let Calling (Signed) (Address) Processor M. D. (Address) Processor M. D.	20. FILED . N. 29, 1933	10 b Calling		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis DEC 17 1835	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

54			

-WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(81)	
County Som arset	Registration Dist. No. 260	
Village or City Eden	NoSt.,Ward	
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.	
0, 1	. 1 _1.	
2. FULL NAME Solumber Drig	<i>∧ T</i>	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) MQ+1, &Q	21. DATE OF DEATH Nov 29 (Month) (Day) (Year)	
5a. If married, widowed or divorced HUSBAND of 1120 Cori 4ht	22. I HEREBY CERTIFY. That i attended deceased from	
(or) WIFE of	Noo 14 1935 to Noo 29 1935	
6. DATE OF BIRTH (month, day, and year) 1849 - Mushin.	i last saw h . ma alive on No o 1 d 19.32 deeth is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11. OF m.	
86	was a fellows!	
Trade profession or particular	Date of one of	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	Progressive Bulbar totalysis 1930	
10. Date deceased lest worked at 11. Total time (yeers)		
this occupation (month and 1930 spant in this 50 year)		
12. BIRTHPLACE (city or town) Somersof County	Other Contributory Causes of importance:	
(State or country) Tilory land		
II 13. NAME Noah dertight		
13. NAME Noah feright 14. BIRTHPLACE (city or town) Sombreet Co.	Name of operation	
(State of country) //arqtacac	Whet test confirmed diagnosis? Was there an autopsy?No	
15. MAIDEN NAME On Combwee	23. if death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME On Canbure 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State of County)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT 11. Oright (Address) Princes Ands Till.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place to deed twenty Date flee 1, 193:	Nature of injury	
19, UNDERTAKER Q ances 2. Docume	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Police July	If so, specify OM	
20 FILED Nove 30 1935 3 Quith	(Signed) Gloday A. Jacksmace M. D.	
Registrar.	(Address) reserved Deve The	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	+ + + + + + + + + + + + + + + + + + +	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5,1927	Peritonitis	3 days ago	
6				
	اد			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	